## **State of Delaware**

## **Dental Plan Rates**

Effective July 1, 2019

|                         | Dominion National HMO Select Dental Plan  Monthly Premium (Rate) | Delta Dental PPO Plus Premier Plan  Monthly Premium (Rate) |
|-------------------------|--|--|
| Individual              | \$25.62  | \$37.64  |
| Individual & Spouse     | \$47.66  | \$76.82  |
| Individual & Child(ren) | \$51.36  | \$75.40  |
| Family                  | \$69.76  | \$125.84   |